CONSENT TO A MEDICAL EXAMINATION

	 (CLIENT/RESIDENT, PARENT, AUTHORIZI	do hereby consent				
	to a physical examination of	(CLIENT/RESIDENT)				
	by a physician designated by the State Department of Social Services and also consent to any laboratory tests associated with the medical examination for the purpose of investigating the possible abuse or neglect of					
					(CLIENT/RESIDENT)	
						(SIGNATURE OF AUTHORIZING PERSON)
		(RELATIONSHIP TO CLIENT/RESIDENT—IF OTHER THAN CLIENT/RESIDENT)				
		(ADDRESS)				
LIC 627A (11/89)		(CITY/STATE/ZIP CODE)				

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

LIC 627A (10/99)

DEPARTMENT OF SOCIAL SERVICES

CONSENT TO A MEDICAL EXAMINATION

(CLIENT/DECIDENT PARENT AUTHORIZE	do hereby consent
(CLIENT/RESIDENT, PARENT, AUTHORIZE	D REPRESENTATIVE)
to a physical examination of	(CLIENT/RESIDENT)
by a physician designated by the Sta	ate Department of Social Services and
also consent to any laboratory tests	associated with the medical examination
for the purpose of investigating the p	ossible abuse or neglect of
(CLIENT/RESIDENT)	·
(CLIENT/RESIDENT)	
	(SIGNATURE OF AUTHORIZING PERSON)
	(RELATIONSHIP TO CLIENT/RESIDENT—IF OTHER THAN CLIENT/RESIDENT)
	(ADDRESS)
	(CITY/STATE/ZIP CODE)